

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) New American Jobs Fund		FEC IDENTIFICATION NUMBER ▼ C C00625533	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee League of Conservation Voters, Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2016	
Mailing Address 1920 L St NW Ste 800			Amount 27.24	
City Washington	State DC	Zip Code 20036-5045	Transaction ID : E13474D63EC84454CA87	
Purpose of Expenditure Staff Time for Press Release		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 14 / 2016	
Name of Federal Candidate Kathleen McGinty		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA	
Calendar Year-To-Date Per Election for Office Sought		623679.14	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee JVA Campaigns, LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2016	
Mailing Address 240 N. 5th Street Suite 360			Amount 8625.93	
City Columbus	State OH	Zip Code 43215-2600	Transaction ID : EAA729BBBF9A246B6802	
Purpose of Expenditure Mailer and Postage (Estimate)		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY ____ / ____ / ____	
Name of Federal Candidate Kathleen McGinty		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA	
Calendar Year-To-Date Per Election for Office Sought		667305.07	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	8653.17
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Patrick Collins

[Electronically Filed]

Date

MM / DD / YYYY
09 / 21 / 2016

Signature

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NAME OF COMMITTEE (In Full) New American Jobs Fund		FEC IDENTIFICATION NUMBER ▼ C C00625533	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee GPS Impact			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2016		
Mailing Address 100 E Grand Ave. Suite 380			Amount 12500.00		
City Des Moines	State IA	Zip Code 50309-1801	Transaction ID : EF20C5279C82343AC993		
Purpose of Expenditure Survey Administration (Estimate)		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Kathleen McGinty		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA		
Calendar Year-To-Date Per Election for Office Sought		667305.07	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee AMM Political Strategies, LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2016		
Mailing Address 507 N. Sylvania Ave			Amount 12500.00		
City Ft Worth	State TX	Zip Code 76111-2317	Transaction ID : E92F05B35232E46CB9CB		
Purpose of Expenditure Phone Survey (Estimate)		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Kathleen McGinty		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA		
Calendar Year-To-Date Per Election for Office Sought		667305.07	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	25000.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Full Name of Payee Kate Duch		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2016	
Mailing Address 25 Downing Street #2-204		Amount 10000.00	
City Denver	State CO	Zip Code 80218-3468	Transaction ID : E7C5A3DEA734B4D83BBF Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure Campaign Consulting (Estimate)		Category/Type	
Name of Federal Candidate Kathleen McGinty		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought		667305.07	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	10000.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	43653.17

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Patrick Collins

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